



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/630,248	
	Filing Date	August 1, 2000	
	First Named Inventor	Masaaki Oka	
	Art Unit	2671	
	Examiner Name	Scott A. Wallace	
Total Number of Pages in This Submission		Attorney Docket Number	SUZCO 55325

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SEP 29 2003

Technology Center 2600

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULWIDER PATTON LEE & UTECHT, LLP
Signature	
Date	September 16, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	David G. Parkhurst	Registration No.	29,422
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2671

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FEE TRANSMITTAL for FY 2003 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known <div style="float: right; font-size: 2em; font-weight: bold;">RECEIVED</div>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/630,248	<div style="font-size: 1.5em; font-weight: bold;">SEP 29 2003</div> <div style="font-size: 1.2em;">Technology Center 2600</div>
TOTAL AMOUNT OF PAYMENT (\$) \$110.00		Filing Date August 1, 2000	
		First Named Inventor Masaaki Oka	
		Examiner Name Scott A. Wallace	
		Group Art Unit 2671	
		Attorney Docket No. SUZCO 55325	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																						
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON ... The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	David G. Parkhurst	Registration No. (Attorney/Agent)	29,422	Telephone	310-824-5555
Signature		Date	Sept. 16, 2003		

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